Case 1:22-cv-01349-JKB Document 9 Filed 08/11/22 Page 1 of 16

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U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN See "Instructions for Service of Process by U.S. Marghat"

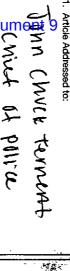
COURT CASE NUMBER PLAINTIFF JKB<u>-22-1349</u> Debra J. Brent TYPE OF PROCESS DEFENDANT Summons and Complaint **Duncan Cramer** NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN John Chuck Ternent, Chief of Police SERVE ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 20 Bedford St., Cumberland, MD 21502 Number of process to be SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW served with this Form 285 5 Number of parties to be Debra J. Brent served in this case 912 Yale St., Check for service on U.S.A. Cumberland, MD 21502 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): TELEPHONE NUMBER DATE of Attorney other Originator requesting service on behalf of: |X| PLAINTIFF ☐ DEFENDANT 240-920-4693 07/13/2022 SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE I acknowledge receipt for the total District of District to **Total Process** Signature of Authorized USMS Deputy or Clerk number of process indicated. Origin Serve (Sign only for USM 285 if more No. 🖊 No. than one USM 285 is submitted) have executed as shown in "Remarks", the process described on the I hereby certify and return that I 🔲 have personally served , 🔲 have legal evidence of service. 📮 individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. 1 hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Time Name and title of individual served (if not shown above) □ am ☐ pm Signature of U.S. Marshal or Deputy Address (complete only different than shown above) 8.00 Costs shown on attached USMS Cost Sheet >> REMARKS survice Accepted remains a returned 8/10/22

> Form USM-285 Rev. 03/21



item 4 if Restricted Delivery is desired Complete items 1, 2, and 3. Also complete

B. Received by (Printed Name)	A. Signaturg Milled Law T
Date of Delivery	☐ Agent Addressee



Service Type Certifled Mail □ Express Mail

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or on the front if space permits.

Attach this card to the back of the mailpiece so that we can return the card to you Print your name and address on the reverse

I hav! Youret

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

☐ Insured Mail I Registered Return Receipt for Merchandise C.O.D.

Restricted Delivery? (Extra Fee)

PS Ferm 3811, February 2004 (Trainsfer from service label) עון !! בנאסי ססססי סבאס! בבסג!! !!!| Domestic Return Receipt

Article Number

Case 1:22-cv-01349-JKB Document 9 Filed 08/11/22 Page 3 of 16

LLS. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RET

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	COURT CASE NUMBER
Debra J. Brent	JKB-22-1349
DEFENDANT	TYPE OF PROCESS
City of Cumberland Police Department	Summons and Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DE	SCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
SERVE John Chuck Ternent, Chief of Police	
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
20 Bedford St., Cumberland, MD 21502	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be
	served with this Form 285 5
Dohm I Broat	Number of parties to be served in this case 5
Debra J. Brent 912 Yale St.,	served in this case 5 Check for service
Cumberland, MD 21502	on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE	(Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service):	•
·	•
. '	
)	
Signature of Attorney other Originator requesting service on behalf of:	PHONE NUMBER DATE
PLAINTIFF D	
DEFENDANT 2	0-920-4693 07/13/2022
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT	
1 acknowledge receipt for the total Total Process District of District to Signature of Authorize Number of process indicated.	d USMS Deputy or Clerk Date
(Sign only for USM 285 if more No. 031 No. 031	1/20/32
than the USH 103 is submitted	11
I hereby certify and return that I [] have personally served, [] have legal evidence of service. [X] have executed the personal property of the pe	ited as shown in "Remarks", the process described on the
individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation	n, etc. shown at the address inserted below.
☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above	(See remarks below)
Name and title of individual served (if not shown above)	Date Time am
,	Y 1 2 pm
· · · · · · · · · · · · · · · · · · ·	
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy
Str. Oa	1
48.00	CM
•	
Costs shown on attached USAIS Cost Sheet >>	<u> </u>
REMARKS	
Service Accepted	
0 14 4 8/0/42	•

Form USM-285 Rev. 03/21 /

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to:	A. Signature B. Received by (Printed Name) D. Is delivery address different from item 1? If YES, enter delivery address below:
CANEL OF POLICE	
to Bedford Jt.	3. Service Type IZ Cortified Mail Express Mail
combertand, Mo	Certified Mail Registered Return Receipt for Merchandise C.O.D.
21502	4. Restricted Delivery? (Extra Fee)
2. Article Namber (Transfer from service label) 1 7022104	10,0000,0613,4673
PS Form 3811, February 2004 Domestic Retu	

Case 1:22-cv-01349-JKB Document 9 Filed 08/11/22 Page 5 of 16

J.S. Department of Justice Jnited States Marshals Scrvice	See "Instructions for Service of Process by US: Ma
PLAINTIFF	COURT CASE NUMBER
Debra J. Brent	JKB-22-1349
DEFENDANT	TYPE OF PROCESS
Allegany County Emergency Services	Summons and Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ET	C. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEM
SERVE James Pyles, Director	
AT ADDRESS (Street or RFD, Apartment No., City, State and 21P	
11400 PPG Road SE, Cumberland, MD, 2	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS B	Number of process to be served with this Form 285
	Number of parties to be
Debra J. Brent	served in this case 5
912 Yale St., Cumberland, MD 21502	Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EX	
All Telephone Numbers, and Estimated Times Available for Service):	
•	
•	
•	
1	•
Signature of Attorney other Originator requesting service on behalf of:	TELEPHONE NUMBER DATE
Lliera Do Deen Defen	240-920-4693 0 <u>7/13/2022</u>
SPACE BELOW FOR USE OF U.S. MARSHAL	ONLY - DO NOT WRITE BELOW THIS LINE
	Signature of Authorized USMS Deputy or Clerk Date
number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) 2 9 Origin Serve No. 0 37	CBVID 7/20/2
I hereby certify and return that I have personally served, have legal evidence of individual, company, corporation, etc., at the address shown above on the on the individual.	service. The have executed as shown in "Remarks", the process described on the oil, company, corporation, etc. shown at the address inserted below.

1 hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Time

Signature of U.S. Marshal or Deputy

ma 🔲 ☐ bm

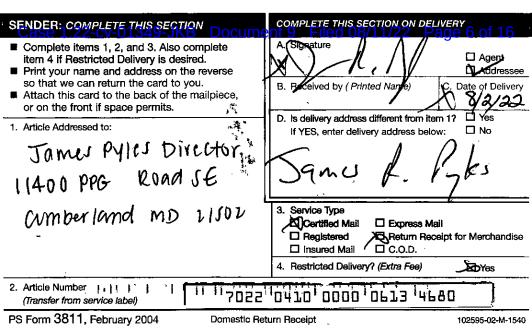
Address (complete only different than shown above)

O.8P

Costs shown on attached USMS Cost Sheet >>

REMARKS

Service Accepted
Green Card returned 8/9/22



U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	COURT CASE NUM	BER KU NE				
Debra J. Brent	JKB-22-1349	<u>&</u>				
DEFENDANT	TYPE OF PROCESS					
Joshua Roberts	Summons and	Complaint				
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE	OR DESCRIPTION OF PROPERTY T	O SEIZE OR CONDEMN				
SERVE John Chuck Ternent, Chief of Police						
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)						
20 Bedford St., Cumberland, MD 21502						
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to	be				
DESIGNATION OF THE STATE OF THE	served with this Form	285 5				
	Number of parties to					
Debra J. Brent	served in this case	5				
912 Yale St.,	Check for service on U.S.A.					
Cumberland, MD 21502 SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SE		to Addracene				
All Telephone Numbers, and Estimated Times Available for Service):	A ICE (Include Disiness and America	ic riuuresses,				
	•					
	•					
Signature of Attorney other Originator requesting service on behalf of:	TELEPHONE NUMBER	DATE				
A A A A						
DEFENDANT	240-920-4693	07/13/2022				
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO						
1 acknowledge receipt for the total number of process indicated. Total Process District of Origin Serve	thorized USMS Deputy or Clerk	Date				
(Sign only for USM 285 if more 8 No. 131 No. 131	CM A A	1/20/22				
than one USM 285 is submitted)	JIV W					
I hereby certify and return that I have personally served, have legal evidence of service, have individual, company, corporation, etc., at the address shown above on the on the individual, company, co	re executed as shown in "Remarks", the	process described on the reted below.				
☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named		-				
Name and title of individual served (if not shown above)	Date	Time am				
Name and thie of individual served (y not shown above)	• 1 1					
	81122					
Address (complete only different than shown above) Signature of U.S. Marshal or Deputy						
· · · · · · · · · · · · · · · · · · ·	1 0					
#8.00						
4 1.40		•				
Costs shown on attached USMS Cost S						
	mit 1					
REMARKS						
semu accepted						

Green card subvined 8/9/12

SENDER: COMPLETE THIS SECTION DOCUME	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery Is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by Printed Names Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
Junn Chuck ternent Chief of police	
winderland mo usor	3. Service Type Certified Mail
q	4. Restricted Delivery? (Extra Fee)
2. Article Number II (Transfer from service label)	410/100001 061314703
PS Form 3811, February 2004 Domestic Retu	ım Receipt 102595-02-M-1540

Case 1:22-cv-01349-JKB Document 9 Filed 08/11/22 Page 9 of 16

U.S. Department of Justice

PROCESS RECEIPT AND TETURN

United States Marshals Service					See <u>"Instruc</u>	tions fo	<u>r Service o</u>	(Proce	rss by U.S.	Marshal"
PLAINTIFF						COUR	T CASE NUN	/BER	// N.	
Debra J. Brent				JKB-22-1349				i		
DEFENDANT					TYPE OF PROCESS					
Joshua Roberts						Sum	mons and	d Com	plaint	
	INDIVIDUAL,	COMPANY, CO	RPORATION, F	ETC. TO SERVE	OR DESCRIPT					DEMN
,	Roberts	.	·							
	(Street or RFI),			P Code)						
	ford St., Cu		·	DET AU		Numbe		, h .		
SEND NOTICE OF SERVICE COPY	TO REQUESTI	ER AT NAME A	ND ADDRESS	BELOW		Number of process to be served with this Form 285 5				
Debra J. Brent					-		r of parties to	be		<u>_</u>
912 Yale St.,							for service		5	
Cumberland, MD 21502		· · · · · · · · · · · · · · · · · · ·				on U.S				
SPECIAL INSTRUCTIONS OR OTH All Telephone Numbers, and Estimat			LL ASSIST IN E	EXPEDITING SE	RVICE (Include	Busines	s and Alterna	te Addr	esses,	
All Telephone Numbers, and Estimat	en Aimes Avana	me jui service).								
				•						
Signature of Attorney other Originato	r requesting serv	ice on behalf of:	X PLAIN	NTIFF	TELEPHONE	NUMBE	R	DATE	:	
41100	A-		_	NDANT						
Lelu h. 1 ste					240-920				122	
	LOW FOR	USE OF U.S.	MARSHAL	ONLY - DO	NOT WRIT	TE BEI	LOW THIS	SLIN	E	
I acknowledge receipt for the total number of process indicated.	Total Process	District of	District to Serve	Signature of A	utherized USMS	Deputy	or Clerk		Date	
(Sign only for USM 285 if more	7/8	Origin No. 031	No. 131	(mi.	- 1			1/20	1/22
than one USM 285 is submitted)						<u> </u>			1 0	1.0
I hereby certify and return that I \(\subseteq \) individual, company, corporation, etc.	tave personally so at the address s	erved . 🔲 have hown above on I	legal evidence o he on the individ	l'service, 💓 ha ual. company, co	ve executed as at moration, etc. sh	nown in ' nown at ti	'Remarks", the	e process erted bel	s described o	n the
☐ I hereby certify and return that I a										
Name and title of individual served (i)			,		•	Date		Time		☐ am
13		**				8	1/12			Dm
Address (complete only different than	shown above)			-		Signat	ure of U.S. Ma	arshal oi	Deputy	
1					·				• •	
49.00										
,		Costs	shown on <u>attach</u>	ed USMS Cost S	hces >>					_
REMARKS										
•										•
Jerriu Accupted			v							11.
C		ı a l			'					

Green card returned 8/9/22

SENDER: COMPLETE THIS SECTION DOCUMEN	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: To bedford if. 	A. Signature Agent Standard Addressee
Cumberland MD 21502	3. Service Type Certified Mail Express Mail Registered C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 111 117 22 (Transfer from service label)	2 0410 0000 0113 4697
PS Form 3811, February 2004 Domestic Retail	urn Receipt 102595-02-M-1540

. Case 1:22-cv-01349-JKB Document 9 Filed 08/11/22 Page 11 of 16

Page 11 of 16

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			_	_		_	_		

PROCESS RECEIPT AND RETURN

United States Marshals Service	See "Instructions for Service of Process by U.S. Marshul"
PLAINTIFF	COURT CASE NUMBER
Debra J. Brent	JKB-22-1349
DEFENDANT *	TYPE OF PROCESS
• •	
Andrea Bennett	Summons and Complaint O SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
SERVE Andrea Bennett	O SERVE, OR PESCHI TORY OF TROUBERT TO SHEET OR CONSUME
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Cod.	le)
20 Bedford St., Cumberland, MD 21502	,
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELO	W Number of process to be
	served with this Form 285 5
Debra J. Brent	Number of parties to be served in this case 5
912 Yale St.,	Check for service
Cumberland, MD 21502	on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPED	ITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service):	
Signature of Attorney other Originator requesting service on behalf of:	TELEPHONE NUMBER . DATE
TI DEFENDAN	л
Love de Vicin	240-920-4693 07/13/2022
SPACE BELOW FOR USE OF U.S. MARSHAL ON	LY - DO NOT WRITE BELOW THIS LINE
	ature of Authorized USMS Deputy or Clerk Date
number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) 5 8 Origin No. 031 No. 031	(M) 1 10 1/20/22
· · · · · · · · · · · · · · · · · · ·	1100
I hereby certify and return that I \(\sigma\) have personally served, \(\sigma\) have legal evidence of service individual, company, corporation, etc., at the address shown above on the on the individual, co	ce. A have executed as shown in "Remarks", the process described on the impany, corporation, etc. shown at the address inserted below.
☐ I hereby certify and return that I am unable to locate the individual, company, corporation,	etc, named above (See remarks below)
Name and title of individual served (if not shown above)	Date Time am
	81122 pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy
\$ 8.00	CAA
n 4.00	1 019
Costs shown on attached US	MS Cast Sheet >>
REMARKS	
_	
annie Accepted	

Serviu Accepted
Green card returned 8/9/22

SENDER: COMPLETE THIS SECTION DOCUME	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature Agent Addressee B. Received by (Pfhted Name) Auch But Agent Date of Delivery 3-1-22
1. Article Addressed to: Andrea Bennett 20 Bedford St.	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☑ No
cumberland mo 21502	3. Service Type Certified Mail Registered Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	13,01(0,000) 0,53,147(3,0)
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

Case 1:22-cv-01349-JKB Document 9 Filed 08/11/22 Page 13 of 16

ed 08/11/22 Page 13 of 16 PROCESS RECEIPT AND RETURN

U.S. Department of Justice United States Marshals Service

See "Instructions for Service of Process by TI 3-Marshal"

Office Grates Pressures Service	·					اسم		
PLAINTIFF					COURT CASE NUMBER 22 2			
Debra J. Brent					JKB-22-1349 255 m			
DEFENDANT					TYPE OF PROCESS			
Andrea Bennett					Summons and Complaint			
NAME OF INDIV	'IDUAL, COMPANY, CO	RPORATION, 1	TC. TO SERVE	OR DESCRIPTI	ON OF PROPERTY 1	TO SEIZE OR CONDEMN		
SERVE John Chuck								
AT ADDRESS (Street	t or RFD, Apartment No., C	City, State and Zi	IP Code)					
	St., Cumberland, N	MD 21502						
SEND NOTICE OF SERVICE COPY TO RI	EQUESTER AT NAME A	ND ADDRESS	BELOW		Number of process to be			
·					served with this Forr			
Debra J. Brent					Number of parties to be served in this case 5			
912 Yale St.,					served in this case 5 Check for service			
Cumberland, MD 21502					on U.S.A.			
SPECIAL INSTRUCTIONS OR OTHER IN	FORMATION THAT WI	LL ASSIST IN E	EXPEDITING SE	RVICE (Include	Business and Alterno	ite Addresses,		
All Telephone Numbers, and Estimated Tim	ies Available for Service):							
•								
		,						
•								
Signature of Attorney other Originator reques	sting service on behalf of:	[X] PLAIN	TIFF	TELEPHONE NUMBER		DATE		
T DEFENDANT								
Mike (to) Ken)				240-920-4693		07/13/2022		
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE								
acknowledge receipt for the total Total Process District of District to Signature of Authorized USMS Deputy or Clerk Date				Date				
number of process indicated.	Origin	Serve				بملينات		
(Sign only for USM 285 if more than one USM 285 is submitted)	8 No. <u>037</u>	No. 031	1 COM 1/10/12			7/10/22		
I hereby certify and return that I have personally served . have legal evidence of service. have executed as shown in "Remarks", the process described on the								
individual, company, corporation, etc., at the	address shown above on t	he on the individ	lual, company, co	rporation, etc. sh	own at the address ins	erted below.		
I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)								
Name and title of individual served (if not sh	own above)				Date	Time am		
					7 1 1 22	pm pm		
Address (complete only different than shown above) Signature of U.S. Marsh:					arshal or Deputy			
AL .								
# r.oo								
					•			
Costs shown on attached USAIS Cost Sheet >>								
REMARKS	GOSIS.					- · · · · · · · · · · · · · · · · · · ·		
	1							
SIMEL Allepted	4							

Green card returned 8/9/22

\mathcal{J} .	
SENDER: COMPLETE THIS SECTION DOCUME	COMPLETE THIS SECTION ON DELIVERY 14 of 16
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from Item 17 If YES, enter delivery address below:
Junn chuck ternent 20 Bedford H.	of the second se
cumbuland mozisor	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (1) 7022 043	וֹלְצִלְיוֹ וֹבְעָבוֹ וֹבּעָבוֹ בּעָבוֹ בּעָבוֹ בּעָבוֹ בּעַבוֹ בּעַבוֹ בּעַבוֹ בּעַבוֹ
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

Case 1:22-cv-01349-JKB Document 9 Filed 08/11/22 Page 15 of 16

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by US-Marshal"

			•						لانتسن	
PLAINTIFF				•		COURT CASE NUM	MBER	10RE 2:49		
Debra J. Brent						JKB-22-1349	Llo	出版		
DEFENDANT					TYPE OF PROCES					
Duncan Cramer						Summons and	d Compla	aint		
NAME OF	INDIVIDUAL,	COMPANY, CO	RPORATION, E	TC. TO SERVE	OR DESCRI	TION OF PROPERTY			MN	
SERVE Duncar	Cramer									
	(Street or RFD.	Apartment No., C	City, State and Zi	P Code)						
20 Bed	ford St., Cu	mberland, N	AD 21502							
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW						Number of process to be served with this Form 285 5				
						Number of parties to be				
Debra J. Brent	•					served in this case 5				
912 Yale St.,						Check for service				
Cumberland, MD 21502						on U.S.A.				
SPECIAL INSTRUCTIONS OR OTH All Telephone Numbers, and Estimat				EXPEDITING SE	RVICE (Incli	ide Business and Altern	ale Addresse	3 ,		
The state of the s	{	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
							<u> </u>			
Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF TELEPHONE NUM					IE NUMBER	DATE				
Lebra Defendant 24					240-9	10-920-4693 07/13/2022			2	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE										
I acknowledge receipt for the total	Total Process	District of	District to	Signature of A	uthorized USN	4S Deputy or Clerk	•	Date		
number of process indicated. (Sign only for USM 285 if more	710	Origin A11	Serve				122			
than one USM 285 is submitted)	18	No. 031	No.037	$ \mathcal{M} $	WW)		1100	IL	
1 hereby certify and return that 1 have personally served, have legal evidence of service. Whave executed as shown in "Remarks", the process described on the					he					
individual, company, corporation, etc	, at the address s	hown above on t	he on the individ	ual, company, co	rporation, etc.	shown at the address ins	erted below.			
☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)										
Name and title of individual served (i)	f not shown abov	P)	-			Date	Time		na am	
						8/2/22			<u>ը</u>	
Address (complete only different than	shown above)	· · · · · · · · · · · · · · · · · · ·				Signature of U.S. M	larshal or De	pūty		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,							•		
dr. b.					•	100				
10.9 P						100				
Costs shown on attached USMS Cost Sheet >>										
		Costs	shown on aftach	ea USMS Cost S	<u>neet</u> >>					
REMARKS						•				
service Alu	nto d	•								
JUINION HILL	ALC.					•				

Greenicard returned 8/9/22

SENDER: COMPLETE THIS SECTION DOCUME	COMPLETE THIS SECTION ON DELIVERY 11 Page 16 of 16					
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Signature A gent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1?					
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